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21005 7590 10/02/2003

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
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KAREN SABIA	(Depositor's name)
Karen Sabia	(Signature)
12-1-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/772,105	01/26/2001	Laurie J. Ozelius	0838.1001-009	7955

TITLE OF INVENTION: TORSIN, TORSIN-RELATED GENES AND METHODS OF DETECTING NEURONAL DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	01/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWITZER, JULIET CAROLINE	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith & Reynolds, P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

The General Hospital Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 15

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- ☒ A check in the amount of the fee(s) is enclosed.
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(Authorized Signature)

(Date)

Doreen M. Hogan December 1, 2003

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12/05/2003 HASFAW2 00000217 09772105

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	45.00 OP

TRANSMIT THIS FORM WITH FEE(S)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Laurie J. Ozelius and Xandra O. Breakefield
Application No.: 09/772,105 Group: 1634
Filed: January 26, 2001 Examiner: J.C. Switzer
Confirmation No.: 7955
For: TORSIN, TORSIN-RELATED GENES, AND METHODS
OF DETECTING NEURONAL DISEASES

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12-1-03

Date

Karen Sabia

Signature

KAREN SABIA

Typed or printed name of person signing certificate

TRANSMITTAL OF ISSUE FEE PAYMENT AND
SMALL ENTITY STATEMENT

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This application has claimed the benefit of small entity status, and a new determination has been made that small entity status still applies. Therefore, in addition to payment of the Issue Fee in the amount of \$1,010 which is enclosed herewith, enclosed is a newly executed Small Entity Statement.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Doreen M. Hogle

Doreen M. Hogle

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Date: December 1, 2003